



King County Sheriff's Office
Personnel Complaint Report (Web Version)

Please complete this form by typing or by printing clearly in blue or black ink.

1. Information About the Person Making the Complaint

We need this information so that we can contact you about your complaint.

COMPLAINANT NAME	COMPLAINANT'S DATE OF BIRTH
COMPLAINANT'S ADDRESS (CITY, STATE, ZIP CODE)	
COMPLAINANT'S HOME PHONE NUMBER ()	COMPLAINANT'S WORK PHONE NUMBER ()

2. Information About the Incident

We need this information so that we can begin to investigate your complaint.

LOCATION: WHERE DID THE INCIDENT HAPPEN? PLEASE BE SPECIFIC.		
DATE THAT THE INCIDENT TOOK PLACE:	TIME THAT THE INCIDENT TOOK PLACE:	
THE NAME OF THE ACCUSED EMPLOYEE(S):		
SUMMARY OF WHAT HAPPENED:		
OTHER PEOPLE WHO WITNESSED THE INCIDENT (LIST OTHER WITNESSES ON BACK)		
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

3. Today's Date:

4. Mail this form to:

Attn: Internal Investigations Unit
King County Sheriff's Office
Mail Stop KCC-SO-100
516 Third Avenue
Seattle, WA 98104